

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | <i>[Signature]</i> | | 07-14-01 |
| O.I.P.E. CLASSIFIER | | | 7-15-01 |
| FORMALITY REVIEW | H.T. | 913 | 08/23/01 |
| RESPONSE FORMALITY REVIEW | Zm | 927 | 10-23-01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here